



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

One South Station

Boston, Massachusetts 02110-2208

APPLICATION FOR SURPLUS LINES BROKER LICENSE – CORPORATIONS, PARTNERSHIPS, & LIMITED LIABILITY COMPANIES

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- **Currently hold a Business Entity Property & Casualty Producer License**
- Each individual to be listed on this application must be individually licensed as a Surplus Lines Broker
- Submit an application for each licensed individual who holds a Property & Casualty Producer License with authority to solicit surplus lines business for the Business Entity.
- Complete one application per licensed individual (member) with a check for \$150.00 per individual (member) made payable to the Division of Insurance
- Sign and date the application(s)

Note: Fees are Non-Refundable.

Non-Residents:

- Must currently hold a Non-Resident Property & Casualty Producer License or currently hold a Surplus Lines Broker License in their home state.
- Licensure must be verifiable through the NAIC Producer Database (PDB) or a home state Letter of Certification must be dated within 90 days

If you have any questions or need assistance, please contact Licensing at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance

Producer Licensing Section

One South Station

Boston, Massachusetts 02110 - 2208

Any false statement in this application is punishable as perjury under Ch. 268 Mass. General Laws and may result in the revocation of your license(s).

Please Print or Type

To the Commissioner of Insurance:

Fed ID # _____

Application is hereby made for a Business Entity Surplus Lines Insurance Broker License issued to:

Insert exact name of the Corporation, Partnership or LLC as it will appear on the license. **You may only solicit business in the name shown above.** Insurance will be solicited in behalf of and in the name designated above by:

Specify only Officers, Directors, Partners, or members with authority to solicit, list their names and all of the titles of office held by each person. Complete one of these applications for each person named above.

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|----|---------------------------|-------------------------|-------|--------|-------------------------------|
| 1. | Full Legal Name: | _____ | _____ | _____ | _____ |
| | | Last | First | Middle | Jr./Sr. |
| 2. | Social Security #: | _____ | _____ | 3. | Date of Birth: ____/____/____ |
| 4. | Home Address: | _____ | _____ | 5. | Tel # () _____ |
| | | Street | City | State | Zip |
| 6. | Business Address: | _____ | _____ | 7. | Tel # () _____ |
| | | Street | City | State | Zip |
| 8. | Lines of Insurance: | [] Property & Casualty | | | |
| 9. | Residence (last 5 Years): | _____ | _____ | _____ | _____ |
| | | Street | City | State | Zip |

DocID: SLB_Corp_NewApp